

# Kentucky Behavioral Health Planning and Advisory Council: Member Handbook

Contents	
Substance Abuse Prevention and Treatment Block Grant	
(SABG) and Mental Health Block Grant (MHBG)	. 3
What is a Block Grant?	. 3
Purpose of Block Grants	. 3
What the Block Grant CANNOT be used for	. 4
SABG Funding	. 5
Priority Populations	. 5
Overview of the Kentucky Behavioral Health Planning and	
Advisory Council	. 7
Vision Statement	. 7
Mission Statement	. 7
Federal Mandate for Councils	. 7
Federal Duties of Membership	. 7
Federal Duty 1: Review	. 8
Federal Duty 2: Advocate	. 8
Federal Duty 3: Evaluate	. 9
Council Duties as Written in Our Bylaws	. 9
Membership	10
Officers	12
Meetings	12
Standing Committees	12
ad Hoc Committees	13
Staff for the Council	13
Overview of Kentucky's Public Behavioral Health System	13

Kentucky Department for Behavioral Health,	
Developmental and Intellectual Disabilities	13
Geographic Regions	15
Regional Boards	15
Mandated Services	16
Substance Use Disorders: Prevention and Treatment	
Services	16
Map of the Community Mental Health Center Regions	17
Council Frequently Asked Questions (FAQs)	19

# Substance Abuse Prevention and Treatment Block Grant (SABG) and Mental Health Block Grant (MHBG)

#### What is a Block Grant?

The block grants are awarded to States based upon a federally legislated formula.

#### Each state must submit an:

- Application/Plan by September 1.
- Implementation Report for the past year by December 1.

# **Purpose of Block Grants**

States will use the funds for prevention, treatment, recovery supports and other services that will supplement services covered by Medicaid, Medicare and private insurance. Specifically for these four purposes:

- Fund priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time.
- Fund those priority treatment and support services not covered by Medicaid, Medicare or private insurance for low income individuals and that demonstrate success in improving outcomes and/or supporting recovery.
- 3. Fund primary prevention universal, selective and indicated prevention activities and services for persons not identified as needing treatment.
- 4. Collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment and recovery support services and plan the implementation of new services on a nationwide basis.

#### What the Block Grant CANNOT be used for...

- Inpatient services
- Cash payments to intended recipients of health services
- Purchase of land/major remodeling of facilities or purchase of major medical equipment
- Providing financial assistance to any entity other than public/non-profit private entity
- To satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds
- The State will not expend more than 5 percent of the grant for administrative expenses with respect to the grant.

### **SABG Funding**

The SABG program's objective is to help plan, implement, and evaluate activities that prevent and treat substance abuse. The SABG is authorized by section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service (PHS) Act (PDF | 253 KB). The PHS Act required the secretary of the U.S. Department of Health and Human Services to create regulations as a precondition to making funds available to the states and other grantees under the SABG. Title 45 Code of Federal Regulations Part 96 was published on March 31, 1993, and The Tobacco Regulations for Substance Abuse Prevention and Treatment Block Grant; Final Rule, 61 Federal Register 1492 (PDF | 259 KB) was published on January 19, 1996.

Restricted and unrestricted substance use disorder prevention and treatment funds.

Funds must be used for substance use services.

A portion of the funding must be used to treat a priority population, namely, pregnant and 60-days post-partum women.

Prevention Set-Aside – At least 20% of the SABG funding must be used to provide prevention services and activities statewide.

### **SABG Target Populations and Service Areas**

The **SABG** program targets the following populations and service areas:

- Pregnant women and women with dependent children
- Intravenous drug users

- Tuberculosis services
- Early intervention services for HIV/AIDS
- Primary prevention services

# **MHBG Targeted Populations**

The MHBG program targets:

- Adults with serious mental illnesses. Includes persons age 18 and older who have a diagnosable behavioral, mental, or emotional condition—as defined by the Psychiatric Association's Diagnostic and Statistical Manual (DSM) of Mental Disorders. Their condition substantially interferes with, or limits, one or more major life activities, such as:
  - Basic daily living (for example, eating or dressing)
  - Instrumental living (for example, taking prescribed medications or getting around the community)
  - Participating in a family, school, or workplace
- Children with serious emotional disturbances.
   Includes persons up to age 18 who have a diagnosable behavioral, mental, or emotional issue (as defined by the DSM). This condition results in a functional impairment that substantially interferes with, or limits, a child's role or functioning in family, school, or community activities.

# Overview of the Kentucky Behavioral Health Planning and Advisory Council

#### **Vision Statement**

We believe that all children, adolescents, and adults in the Commonwealth have the right to excellent, recovery-oriented behavioral health services that are affordable, consumer driven, value their individuality, assists them to achieve their fullest potential, and enables them to live and thrive in their community.

#### **Mission Statement**

The Council is the active voice promoting awareness of and access to effective, affordable, recovery-oriented and resiliency-based services in all communities.

#### **Federal Mandate for Councils**

Behavioral Health Planning and Advisory Councils (PACs) exist in every State and U.S. Territory.

Per federal law **99-660** in 1986, continuing through Public Law **101-639** and Public Law **102-321** in 1992, and continued in the current **106-310**.

The law requires States to perform behavioral health planning in order to receive federal Mental Health and Substance Abuse Prevention and Treatment Block Grant funds.

### **Federal Duties of Membership**

To review the Mental Health Block Grant and the Substance Abuse Prevention and Treatment Block Grant and make recommendations. To serve as advocates for individuals in recovery from a substance use and/or mental health disorder, children with behavioral health challenges, parents, and family members.

To evaluate, not less than once each year, the allocation and adequacy of behavioral health services within the State.

# Federal Duty 1: Review

Planning and review should be a year-long process.

The Finance and Data Committee reviews allocations and expenditures of the block grant funded entities.

Peer Reviews of Community Programs.

The Finance and Data Committee reviews annual plan and budget applications from the CMHCs.

The Council reviews activities and initiatives of funded entities.

### Federal Duty 2: Advocate

Advocacy can take many forms – letter writing, working with the media, educating decision makers, and more.

Educate yourself about the issues – share information with family, friends, colleagues, and legislators.

Legislative advocacy – informing and educating.

The Council must speak/advocate as one voice.

Data is a powerful tool for making decisions and telling a story.

Planning Councils (and other advocacy groups) can be powerful and strategic allies in bringing about change in behavioral health systems.

Advocates can speak where often state (regional, local) employees cannot.

Council members forge alliances and RELATIONSHIPS so that the interests of both the advocates and the Mental Health Authority and Single State Agency can be advanced.

### Federal Duty 3: Evaluate

Broad mandate with little specificity from federal government.

- Some Councils review the services provided by block grant funded providers.
- Some Councils conduct peer reviews of CMHCs and hospitals.
- Some are involved in data improvement efforts, such as NOMS and State Performance Indicators.

#### In Kentucky:

- April Council reviews Plan and Budget Applications from the CMHCs.
- Review Reports from funded entities.
- National Outcomes Measures

### **Council Duties as Written in Our Bylaws**

The Council shall do all of the following:

 Report directly to the Commissioner of the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (BHDID).

- Assist BHDID in designing a comprehensive, recoveryoriented system of care.
- Advise BHDID on the use of Substance Abuse Prevention and Treatment Block Grant funds and Mental Health Block Grant funds and on the quality of statewide, recovery-oriented behavioral health services.
- Review the biennial Substance Abuse Prevention and Treatment and Mental Health Block Grant Application and annual Implementation Report pursuant to Public Law 102-321, Section 1915 (a) and to submit recommendations to BHDID, prior to the April 1 and December 1 due dates, respectively.
- Advocate for individuals in recovery, children and youth with behavioral health challenges, and family members.
- Monitor, review, and evaluate, no less than once a year, the allocation and quality of statewide, recovery-oriented behavioral health services.

# Membership

The council currently has 36 members:

6 individuals in recovery from mental health disorders and/or substance use disorders;

6 parents/grandparents/guardians/foster parents who have custody of a child (birth through age 20) with behavioral health challenges;

6 family members of an individual in recovery from behavioral health disorders;

1 young adult in recovery from behavioral health disorders (age 18-25);

# 4 representatives of advocacy organizations that BHDID contracts with for services:

Kentucky Chapter of the National Alliance on Mental Illness Kentucky Partnership for Families and Children Lexington Chapter of the National Alliance on Mental Illness People Advocating Recovery

#### 2 Provider Organization Representatives

Kentucky Association of Regional Programs Regional Prevention Centers

#### 11 State Agency Representatives

Department for Aging and Independent Living
Department for Behavioral Health, Developmental and Intellectual Disabilities
Department for Community Based Services
Department for Medicaid Services
Department for Public Health
Department of Corrections
Kentucky Department of Education
Department of Juvenile Justice
Kentucky Housing Corporation
Kentucky Protection and Advocacy
Office of Vocational Rehabilitation

The ratio of parents of children with behavioral health challenges to other members of the council must be sufficient to provide adequate representation of such children.

Most importantly, the law states that not less than 50% of the members of the councils must be individuals who are NOT state employees or providers of mental health services.

#### Officers

The Council has the following officers:

• Chair: Gayla Lockhart

Vice Chair: Mary Singleton

• Secretary: LeeAnn Kelley

Officers of the Planning Council must be individuals in recovery, parents or family members.

### **Meetings**

Kentucky's Council meets quarterly, in March, May, August and November.

# **Standing Committees**

The Council currently has these Standing Committees:

- Executive
- Bylaws
- Membership
- Finance and Data

Committees are where most of the "work" takes place.

All members are encouraged to attend Standing Committee meetings.

Committee Chairs – any member can become a Chair.

- Finance and Data Betty Jo Moss
- Executive Council Chair/Gayla Lockhart

- Bylaws Steve Shannon
- Membership Mary Singleton

#### ad Hoc Committees

Ad hoc committees are formed for a specific task or objective and are dissolved after the completion of the task or achievement of the objective. KBHPAC has the following ad hoc committee:

Advocacy and Policy Committee

#### Staff for the Council

Behavioral Health staff provide administrative and programmatic support for the Council. They are not members of the Council.

The behavioral health representative on the Council is the Director of the Division of Behavioral Health.

# Overview of Kentucky's Public Behavioral Health System

# Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities

BHDID is identified in Kentucky Revised Statute 194.030 as the primary state agency for developing and administering programs for the prevention, detection and treatment of behavioral health disorders. CMHCs provide a full array of behavioral health services. These services may include the following:

- Clinical Services
  - Outpatient Treatment
  - o Intensive Outpatient Treatment
  - Medication Management
  - Community Medication Support
  - School-Based Services
- Targeted Case Management Services
  - Case Management
  - Wraparound Funds
  - Specialized Intensive Case Management
  - Assertive Community Treatment
  - Homeless Outreach
- Recovery and Support Services
  - Peer Support
  - o Social Club Drop In
  - o Individual and Family Support Groups
  - Training and Advocacy
  - o Consumer Conferences
- Emergency Services
  - Crisis Intervention
  - Adult and Child Crisis Units
  - Partial Hospitalization
  - Mobile Crisis Services
- Rehabilitation Services
  - Therapeutic Rehabilitation
  - Supported Employment
  - Educational Services
- Housing Options
  - Supported Housing
  - Residential Support

# **Geographic Regions**

Our state is divided into 14 geographic regions for the purposes of planning and providing community behavioral health services.

They are numbered 1 through 15. There used to be 15 regions, but two regions combined.

Together, they serve all 120 counties.

For each region, a Regional Behavioral Health and Developmental/Intellectual Disabilities Board or "Regional Board" has been established per KRS 210.370-210.480.

# **Regional Boards**

A Regional Board is:

- An independent, non-profit organization.
- Overseen by a volunteer board of directors that broadly represents stakeholders and counties in the region.
- Licensed by the Cabinet for Health and Family Services as a "community mental health center."

The statewide network of CMHCs was completed in 1967.

The Regional Boards are referred to by any of the following:

- Regional Behavioral Health and Developmental/Intellectual Disabilities Boards
- Regional Boards
- Boards
- Community Mental Health Centers
- CMHCs
- Comprehensive Care Centers
- Comp Cares

#### Mandated Services

Kentucky Revised Statute 210.410 authorizes the Secretary of the CHFS to make state grants and other funding allocations to Regional Boards to provide, at a minimum, the following behavioral health services:

- Inpatient treatment (typically by referral agreement);
- Outpatient services;
- Partial hospitalization or psychosocial therapeutic rehabilitation;
- Emergency services;
- Consultation and education services; and
- Services for an individual with an intellectual disability

# **Substance Use Disorders: Prevention and Treatment Services**

Services provided primarily through contracts with community-based service providers (14 CMHCs and their subcontractors, local government agencies and other community-based organizations) include:

- Prevention and early intervention services offered through 14 Regional Prevention Centers (RPCs);
- Juvenile diversion programs;
- Clinical services such as: Detoxification, Residential Treatment and Individual, Family, Group and Intensive Outpatient Therapy
- DUI assessment and education programs;
- Consultation with businesses on the development of a drug-free work place and employee assistance programs;

- Specialized treatment services for pregnant women, adolescents and intravenous drug users; and
- Medication-Assisted Treatment for individuals with opiate addiction.

**Map of the Community Mental Health Center Regions** 



# **Council Frequently Asked Questions (FAQs)**

How can I learn more about the Council?

The Council's homepage address is <a href="http://dbhdid.ky.gov/dbh/kbhpac.aspx">http://dbhdid.ky.gov/dbh/kbhpac.aspx</a>. The website includes the Council bylaws, membership application, and archive of meeting summaries and block grant applications and behavioral health reports.

#### How can I be a great Council member?

- Advocate for individuals with behavioral health disorders in your community.
- Regularly review Block Grant applications and reports and other relevant documents and provide feedback.
- Respect one another's views, even if you do not agree with them.
- Educate yourself on prominent behavioral health issues in Kentucky.
- Become familiar with Robert's Rules of Order.
- Commit to advancing geographic, age, diagnostic and other diversity on the Council.

### How do I recruit new members for the Council?

The Membership Committees meets in January of each year to review member applications and make recommendations. Members are encouraged to distribute applications to strong candidates for the Council throughout the year.

http://dbhdid.ky.gov/dbh/documents/kbhpac/MemberApp.p df

How do I assist friends and family members in accessing services?

Behavioral health services are available statewide. The following provider directories can help you locate services.

Division of Behavioral Health, Developmental and Intellectual Disabilities Provider Directory:

http://dbhdid.ky.gov/ProviderDirectory/ProviderDirectory.as px

SAMHSA Behavioral Health Services Treatment Locator: <a href="https://www.findtreatment.samhsa.gov/">https://www.findtreatment.samhsa.gov/</a> or call SAMHSA's National Helpline at 1-800-662-HELP (4357) or 1-800-487-4889 (TDD).